



State of Ohio Environ

South

401 East Fifth Street
Dayton, Ohio 45402-2911

TELE: (937)285-6357 FAX: (937)285-6249
www.epa.state.oh.us

Ted Strickland, Governor
Lee Fisher, Lieutenant Governor
Chris Korleski, Director

NOTICE OF VIOLATION – ACTION REQUIRED

May 30, 2008

RE: **Logan County**
ODNR Indian Lake St Pk Moundwood Restroom
Transient Non Community
PWS ID: OH4647012

CERTIFIED MAIL

ODNR Indian Lake State Park
12774 St Rt 235 N
Lakeview, OH 43331

**Subject: Violation of Total Coliform Maximum Contaminant Level (MCL)
During Second Quarter of 2008 (ACUTE)**

Odnr Indian Lake St Pk Moundwood Restroom is in violation of the Maximum Contaminant Level (MCL) for Total Coliform established by Ohio Administrative Code (OAC), Rule 3745-81-14. Water samples have confirmed the presence of *E. coli*/fecal coliform in the drinking water. *Fecal coliforms and E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes.* This is an Acute MCL violation requiring immediate action.

IMMEDIATE ACTION REQUIRED:

- 1. Consult with Ohio EPA within 24 hours** regarding public notice requirements. If you have not already received direction regarding this violation, contact the Southwest District Office at 937-285-6417.
- 2. Issue the enclosed public notice within 24 hours** in accordance with OAC, Rule 3745-81-32 using one or more of the following methods to reach all persons served. The appropriate methods for your system are listed below under the Transient Non Community column.

Public Community	Transient or Non Transient Non Community
<ul style="list-style-type: none"> • Fax notice to broadcast media (radio and television) • Fax notice to newspaper (to editor, not legal notice section) • Hand delivery • Contact sensitive populations (hospitals, day care, schools, nursing homes) • Direct telecommunication (if applicable) • If applicable, provide copy to owner/operator of any consecutive water system for distribution to their customers 	<ul style="list-style-type: none"> • Hand delivery to persons served by the water system • Posting in conspicuous locations, such as bulletin boards, restrooms, drinking fountains, vending areas • Send to parents or guardians of children at schools or day care facilities • Another delivery method approved in writing by the director • Posted notices must remain in place for as long as the violation exists.
<p>Posted notices must remain in place for as long as the violation exists, but in no case for less than seven (7) days (even if the violation is resolved). The language in italics on the enclosed public notice is mandatory and must be included, as written. Do not make changes to the public notice without consulting with Ohio EPA beforehand.</p>	

NOTE: Issuance of a Public Notice must be repeated every 30 days for as long as the violation exists, unless directed otherwise by the District Office. A verification form and a copy of the public notice stating the corrective measures completed to date must be submitted to the Ohio EPA.

3. **Investigate and eliminate the cause of bacterial contamination.** Special purpose samples may be collected to investigate the source of contamination or to verify elimination of the problem (these samples cannot be collected to comply with monitoring or MCL requirements; label samples as "special purpose").
4. **Complete the enclosed verification form within 10 days of issuing the Public Notice** and mail it to Ohio EPA - Southwest District Office. Include a copy of each notice distributed, published or posted.
5. **Discontinue the Water Use Advisory** – The water use advisory shall remain in effect until one set of four (4) repeat samples is total coliform-negative. Notify the people served by the water system when the water use advisory is discontinued.
6. **Monitor with at least five (5) routine samples** in the month following a routine total coliform-positive result in accordance with OAC, Rule 3745-81-21(B)(7).

If you have any questions, contact me at 937-285-6417 or Dave Secor at 937-285-6114.

Sincerely,



Mark J. Verbsky, R.S.
Environmental Specialist.

Enclosures: Tier 1 Public Notification
Public Notice Instructions and Verification Form

pc: Logan County Health Department
Southwest District Office Files
Information Management Section, DDAGW, CO

MJV/plh

DRINKING WATER WARNING

Fecal coliform or *E. coli* bacteria were found in the ODNR Indian Lake St Pk
Moundwood Restroom water supply

**BOIL YOUR WATER BEFORE USING
OR USE BOTTLED WATER**

Bottled water is available from _____.

What should I do?

- *DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST. Bring all water to a boil, let it boil for at least one minute, and let it cool before using, or use bottled water. Boiled or bottled water should be used for drinking, making ice, brushing teeth, washing dishes and food preparation until further notice. Boiling kills bacteria and other organisms in the water.*
- *Fecal coliforms and E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Microbes in these wastes can cause short term effects, diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, and people with severely compromised immune systems.*
- *The symptoms above are not caused only by organisms in drinking water. If you experience any of these symptoms and they persist, you may want to seek medical advice. People at increased risk should seek advice about drinking water from their health care providers.*

What is being done?

We are investigating and taking the necessary steps to correct the problem as soon as possible.

For more information, please contact _____ at _____
name of contact phone number
or at _____
mailing address

General guidelines on ways to lessen the risk of infection by microbes are available from the EPA Safe Drinking Water Hotline at 1(800) 426-4791.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly. You can do this by posting this notice in a public place or distributing copies by hand or mail.

PWSID# OH4647012

Date Distributed:

Tier 1: Fecal coliform or *E. coli* Notice – Non community (boil option)

PUBLIC NOTICE INSTRUCTIONS AND VERIFICATION FORM FOR TIER 1 VIOLATIONS

The owner or operator of a public water system with a Tier 1 violation or situation that may pose an acute risk to human health is required to notify the persons served by the public water system. Notice shall be issued as soon as practical but **no later than 24 hours** after the system learns of the violation. Public notice shall be repeated as established during consultation with Ohio EPA.

I HEREBY CERTIFY THAT THE PUBLIC WAS NOTIFIED BY THE FOLLOWING METHOD(S) INDICATED BELOW, AS DESCRIBED IN THE OHIO ADMINISTRATIVE CODE RULE 3745-81-32:

Required Method of Public Notification	Actual Method of Public Notification
<p>Use one or more of the following methods to reach all persons served by the public water system:</p> <ol style="list-style-type: none"> 1. Public notice issued by appropriate broadcast media (such as radio and television stations) 2. Public notice issued by continuous posting in conspicuous places throughout the area served by the water system (required to remain posted for as long as the violation exists) 3. Public notice issued by hand delivery to persons served by the water system 4. Public notice issued by another delivery method approved in writing 	<p>Describe actual methods used to notify public of the violation:</p> <p>1A. Name of station(s) _____ 1B. Date provided to station(s) _____</p> <p>2A. Dates of posting _____ 2B. Locations of posting _____ _____</p> <p>3. Date of delivery _____</p> <p>4A. Method _____ 4B. Date _____</p>
<p>Additional methods established in consultation with Ohio EPA</p>	<p>A. Method(s) _____ _____</p> <p>B. Date(s) _____</p>

Please check if the public notice used was provided by Ohio EPA (other side of this form) or another acceptable notice was used:

_____ A public notice as shown on the other side of this sheet was issued without changes.

_____ A different public notice was issued. **INCLUDE A COPY OF THE PUBLIC NOTICE.**

Signature of Responsible Person Date

Printed Name and Title of Responsible Person

Odnr Indian Lake St Pk Moundwood Restroo
 OH4647012
 Logan County
 Second Quarter of 2008
 Total Coliform Acute MCL (Vio. Type 21)

<p>For Ohio EPA use only: Date PN received: _____ PN acceptable: _____ PN not acceptable: _____</p>
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X Raymond L. Coates</i></p>
<p>1. Article Addressed to:</p>	<p>B. Received by (Printed Name) <i>Raymond L. Coates</i></p> <p>C. Date of Delivery <i>5-31-08</i></p>
<p>ODNR Indian Lake State Park 12774 State Route 235 North Lakeview, OH 43331</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>PS Form 3811, August 2001</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7007 0220 0001 2491 8483</p> <p>Domestic Return Receipt</p>

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)											
For delivery information visit our website at www.usps.com											
OFFICIAL USE											
<table border="1"> <tr><td>Postage</td><td>\$</td></tr> <tr><td>Certified Fee</td><td></td></tr> <tr><td>Return Receipt Fee (Endorsement Required)</td><td></td></tr> <tr><td>Restricted Delivery Fee (Endorsement Required)</td><td></td></tr> <tr><td>Total Postage & Fees</td><td>\$</td></tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees	\$	<i>Mailed 5/30/08</i> Postmark Here <i>mark</i>
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PS Form 3800, August 2006 See Reverse for Instructions											

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